

Special Districts - Supplemental Information

**PLACER COUNTY
DEPARTMENT OF FACILITY SERVICES
SPECIAL DISTRICTS DIVISION**

COMMERCIAL / INDUSTRIAL WASTE SURVEY

A. GENERAL INFORMATION

Name of Business _____

Mailing Address _____

Address of Premises _____

Description of Business _____

B. TYPE OF BUSINESS (Check all that apply):

_____ Sales _____ Service _____ Distribution _____ Manufacturing _____

Other _____

C. TYPE OF WASTEWATER DISCHARGED INTO PUBLIC SEWER (Check one or both)

_____ *Domestic _____ Industrial

*NOTE: "Domestic" wastewater includes wastewater produced from the *noncommercial* preparation of food or wastewater containing only human excrement and similar matter from the sanitary conveniences of dwellings and commercial, industrial, or institutional buildings. All other wastewater should be considered "**industrial.**"

D. METHOD OF WASTEWATER DISPOSAL (Check all that apply):

_____ Public Sewer

_____ Waste Hauler (this includes sand/oil and grease interceptor waste) – If this is checked, then please complete the following questions:

Are receipts/manifests available? _____ Yes _____ No

Name and address of the company that hauls the waste:

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Brief description of your business activity: _____

E. TYPE OF WASTEWATER DISCHARGED TO THE CITY SANITARY SEWER SYSTEM (Check all that apply):

- ☐ Sanitary waste from bathrooms
- ☐ Cleanup waste from floor drains
- ☐ Dental waste
- ☐ Kitchen waste
- ☐ Wastewater from laundry equipment
- ☐ Wastewater from dry cleaning equipment
- ☐ Wastewater from paint booth (s)
- ☐ Wastewater from parts cleaning or preparation
- ☐ Wastewater from x-ray / photo finishing equipment
- ☐ Wastewater from car wash
- ☐ Wastewater from vehicle maintenance
- ☐ Boiler/Cooling system discharge
- ☐ Wastewater from manufacturing processes (describe below)

F. DISCHARGE TO SEWER IS: _____Steady _____Intermittent

G. LIST FACILITY SEWER LOCATIONS, SIZE, AND FLOW (please attach and refer to map):

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H. IS THERE A SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN IN EFFECT FOR THIS FACILITY?

_____ Yes

_____ No

I. PLEASE DESCRIBE HOW SPILLED CHEMICALS WOULD BE CONTAINED AND DISPOSED OF:

J. HOW ARE OTHER WASTES DISPOSED OF? (Check all that apply)

	Sewer	Trash	Recycle	Haul	N/A
a. Solid Wastes	_____	_____	_____	_____	_____
b. Oily Wastes	_____	_____	_____	_____	_____
c. Process-generated sludges	_____	_____	_____	_____	_____
d. Spent Chemicals	_____	_____	_____	_____	_____

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K. CONTACT OFFICIAL:

Name _____

Title _____

Address _____

Phone _____ Fax _____

***The information contained in this survey is familiar to me, and to the best of my knowledge and belief, such information is true, complete and accurate.**

Date

Signature of Official